

Choices, Shift and Continuation of Temporary Contraceptive Methods among Women of Reproductive age in Western Development Region of Nepal

Parajuli K¹, Chhetri MR², Bhandari TR³, Paneru DP³, Shrestha N³, Tamrakar A³, Dahal PK⁴

¹Department of Microbiology, Maharajgunj Medical Campus, Institute of Medicine, Maharajgunj, Kathmandu, Nepal, ²Department of Community Medicine, Chitwan Medical College, Bharatpur, Chitwan, Nepal, ³School of Health and Allied Sciences, Faculty of Science and Technology, Pokhara University, Kaski, Nepal, ⁴Department of Community Medicine, KIST Medical College and Teaching Hospital, Lalitpur, Nepal

Received: January 20, 2015 ; **Accepted:** July 15, 2015

Aims: Global family planning programs have been in existence in the developing world. Modern techniques of temporary contraceptives have been proved to be useful tool for limiting births. This study is intended to identify the use pattern, associated factors with the choice, shift and continuity of temporary methods of contraception.

Methods: This is descriptive cross-sectional study, incorporating qualitative aspects. Out of sixteen districts six were selected proportionately by using simple random methods from each ecological zone of the Western Development Regions, Nepal. Focus group discussion was accomplished among the different level family planning service providers.

Results: User of Depo-Provera and pills were seen more in comparison to other temporary contraceptive. There are different reasons behind choosing of temporary contraceptive method such as Pills make regularity in menstruation, Norplant is useful for prolonged period, Depo-Provera is useful for three months and confidently used for a long time without any risk, motivation by friends/relatives. Reasons in changing the contraceptives includes associated side effects, lack of availability, irregularity in menstruation, choosing the another best method, excessive bleeding, difficult to use, pressure from family and husband to give birth, misunderstanding and stress in the family, traditional belief and lack of education.

Conclusions: For proper choice of modern contraceptive methods promotion, education and knowledge about associated factors related to use of these method is needed. Continuous information on contraceptives focusing particularly on the side effects and trained health care providers are essential.

Keywords: contraceptives; family planning; norplant; pills; reproductive age.

INTRODUCTION

Global family planning programs have been in existence in the developing world. Modern techniques of temporary contraceptives have been proved to be useful tool for limiting births. Various temporary and permanent methods of contraceptives have been in use to facilitate the interest of couple to have appropriate birth spacing, avoid unwanted pregnancies and limit the numbers of births. Controversies related to the types of contraceptive methods, its use, side effects and continuity remain the issues of present concern. Several correlates such as media exposures, information, religion, social values, norms, cultures etc. have a great impact on the utilization and acceptance.¹ The objective of

this study was to determine women's contraceptive choices, continuation and shift pattern that enable to design effective interventions to reduce the increased pattern of contraceptive discontinuation in Nepal.

METHODS

This was descriptive cross sectional study incorporating qualitative aspect. The study was conducted in Western Development Region (WDR) of Nepal. Regarding the sampling process, firstly this study followed probability proportionate sampling method. Out of 16 districts of three ecological zone of the region, six districts (Kapilbastu from plain area; Parbat, Lamjung, Kaski and Gulmi from hilly area and Mustang from mountain area) were selected on proportionate basis (at least 33% of each ecological zone) representing from each zone. Districts of WDR and corresponding numbers of government health facilities were listed out from selected district levels facilities and thirty three of all other peripheral level facilities were Primary Health Care Center (PHCC),

CORRESPONDENCE

Mr Padam Kanta Dahal
Department of Community Medicine, KIST Medical College and Teaching Hospital, Lalitpur, Nepal.
Email: padamdahal1@gmail.com
Phone: +977-9849453029

Health Post (HP) and Sub Health Post (SHP) with a representation of at least one facility from each level of health facility were selected randomly by using lottery method. Every district has different level of family planning service centers. Different level of human resources like doctor, staff nurse, paramedics, Auxiliary Nurse Mid-wife (ANM), Maternal and Child Health Worker (MCHW) who provide family planning services from their respective health facilities were considered as the sampling unit.

By using focus group discussion (FGD) guidelines, six focus group discussions were conducted with service providers at the district level health institution of the selected districts. From each district three family planning service providers (doctor, nurse and midwife each) from a selected hospital; one nurse or midwife and one doctor or paramedic from a selected PHCs; one midwife from three selected HPs and one MCHW from four selected SHPs, comprising 12 participants in a FGD, were included in the discussion.

RESULTS

Six focus group discussions were conducted among the family planning service providers in order to explore the pattern of contraceptive use and factors associated with the choices, shift and discontinuity of using methods of contraception. In the discussion, most of the participants told us that more people in their region preferred Depo-Provera and pills over other temporary contraceptives. The current situation was good and in all districts female were the main user of contraceptive devices.

According to the participants the choice for different contraceptive methods depended upon various reasons. They think that Oral Contraceptive Pills (OCPs) regulate mensuration, were easy to use, had belief on it and were easily available. In case of Norplant, they thought it was effective for prolonged period. As single injection of Depo-Provera is effective for 3 months, they felt confident to use it without any risk. They were motivated by friends or relatives as most of them were using those contraceptives without any complications. They preferred not to use IUCDs (Copper-T) if other options were available as they thought it was difficult to use, required trained health worker, unavailability of the services in their locality and, thus, had to go to district service centers.

The participants mentioned some common reasons for discontinuation and/or shift of the contraceptives such as associated side effects (excessive bleeding, headache, irregularity in menstruation), choosing the another best method, absence of husband, lack of availability of the services, difficulty in using, pressure from the family and husband to give birth, misunderstanding and stress in the family, traditional beliefs and lack of education.

The participants made few important suggestions which includes necessity of effective counseling before the use of family planning devices because many of them wanted to discontinue or shift within a short period of use, accessibility of the contraceptive devices, males should actively adapt permanent methods of family planning, proper counseling for Muslim community and regular training to the health workers in family planning, extension of the family planning services to cover wider region and population, regularity of the health workers in the health centres, regular advertisement about family planning methods, options and benefits in the local radio, television and newspapers as well as the private room set-up in the health centres to maintain the privacy of the users. Similarly, they also commented that some complications were observed after the use of IUCD and users came to remove within 2-3 months. They also significantly mentioned that there is lack of follow up and monitoring of the family planning methods adapted in the community instead of the growing service of family planning comprehensive abortion care (CAC).

DISCUSSION

The family planning program in Nepal was initiated in 1959 by the non-governmental sector, the Family Planning Association of Nepal (FPAN) and government-supported family planning service delivery began in 1968 and family planning program are to assist individuals and couples to space their children, to prevent unintended pregnancies, and to improve their overall reproductive health.^{2,3} Nepal's national family planning program has made significant progress in the past 37 years. In this period, the contraceptive prevalence rate increased from 2.9% in 1976 to 45.3% in 2013.⁴

Family Health Division launched programs to increase knowledge of contraceptive in various

districts of Nepal through information, education and communication programs and female community health volunteers. Measuring the level of awareness of contraception provides a useful measure of the success of information, education and communication activities and help to identify the areas that need to be strengthened.⁵

A study done by USAID and Engender Health⁶ acceptors of each of the four methods in which acceptors of Norplant and IUCD are much more likely to reside in urban areas than those who use the Oral Contraceptive Pill (OCP) or injectable Depo. This pattern may be due to more availability of Norplant and IUCD in urban located health facilities of the country. The result is similar to the study done by USAID and Engender Health. Depo-provera is most favorable method followed by oral Pills in Nepal.⁷ The decision to use or change a method is dependent on numerous factors such as possible side effects of the contraceptive method (weight increase, mental tension, fear of the method itself, bleeding disturbances etc.). In a study⁸, information regarding the possibility of weight increases during pill use was provided by the doctors. Sixty-eight percent of the doctors and 52% of the women themselves thought their weight would increase by the use of Pill. In the United States two out of three (64%) women stopped taking the Pill because of the side effects that they attributed to the Pill and 13% stopped because they were worried about side effects. The male condom is ranked fourth among modern contraceptive methods.² In the study women shifted the previous method and used another one which is similar to the other studies¹⁰ carried out in different parts of the world, where different factors were identified such as, easy availability of new method, easy to administer, long duration of action, maintenance of privacy and confidentiality and so on. A population report¹⁰ shows 1 in 100 has shifted family planning methods and discontinued due to the bleeding. With increasing age, women in Sweden tend to shift to IUCD use.⁸ Due to menstrual problem and pain, there is the shift to another methods.

Injection Depo-Provera and Pills were not shifted in comparisons to other methods. However, use of IUCD and Norplant were shifted to Injection Depo-Provera and oral contraceptive. A study⁷ showed

that, the majority of the women in most countries gave a fertility-related reason for discontinuation of contraception. These included infrequent sex, husband was away, conceived, desire to have a child, belief it would be difficult to conceive, or became menopausal. Method-related reasons were the second most frequently cited reasons for discontinuation of contraception. These included wanting a more effective method, health concerns, side effects, lack of access, cost, and inconvenient to use. In 11 of the 12 countries SEAR, one-third to one-half of women reported a method-related reason for discontinuing contraception. Up to 5 percent of women in each country reported spousal disapproval as their main reason for discontinuation.¹¹

Likewise, due to the stress by family member within Muslim community was also found behind the discontinuation of family planning methods. FGD conducted in Kapilbastu with health care providers in different health institution explored that more than 80% Muslim women use contraceptive method by not disclosing to their family and husband. Some side effects like weakness, excessive bleeding, menstrual problem, pain in different parts of the body like gastritis, breast pain, leg pain, back ache, abdominal pain, black spot on face and obesity were reported by the subjects which was found to be consistent with the study done in 2003 by New Era and MoHP.⁹ Similar reason or factors for the discontinuation of temporary contraceptive method was found similar to studies by New Era and INFO.^{9,10}

CONCLUSIONS

For proper choice of modern contraceptive methods promotion, education and knowledge about associated factors related to the use of these methods are needed. The methods of contraceptives like Depo is used less in the rural areas as there is no availability of the facilities. Continuous information on contraceptives focusing particularly on the side effects and trained health care providers are essential.

ACKNOWLEDGEMENTS

We express our sincere gratitude to the University Grants Commission (UGC) for providing us grant to carry out this study.

DISCLOSURE

The authors report no conflicts of interest in this work.

No violation of human rights and safety.

Funding: University Grants Commission, Nepal

REFERENCES

1. Thapa S, Pandey KR. Family planning in Nepal: An update. *J Nepal Med Assoc.* 2006;32(111):131-43.
2. New Era. Nepal and Family Planning: An Overview. Ministry of Health (Nepal). Kathmandu: New Era and ORC Macro; 2002.
3. Rana MSS, Thapaliya M, Aryal RP, Sathian B. Health effects of modern temporary female hormonal contraceptives among the women in the Pokhara Sub-Metropolitan City of Western Nepal. *Journal of Clinical and Diagnostic Research.* 2012;6(1):51-6.
4. DoHS. Annual Report 2012/2013. Kathmandu: Ministry of Health and Population, Department of Health Services; 2014.
5. MoH. Demographic and Health Survey 2011. Nepal: Population Division, Ministry of Health and Population; 2011.
6. MoHP. Nepal Fertility, Family Planning and Health Status Survey Report 1991. Planning, Research and Evaluation Section, Family Planning and Maternal Child Health Division. Kathmandu: Ministry of Health; 1993.
7. USAID and Engender Health. Contraceptive Use and Discontinuation Patterns in Nepal: Norplant, IUCD, Pill, and Injectables. 2003. [Cited 2015 Jan 1]. Available from <http://www.engenderhealth.org>.
8. IngelIngela LLB. Factors influencing women's choice of contraception. Department of Obstetrics and Gynecology, Institute of Clinical Sciences. Gothenburg, Sweden: The Sahlgrenska Academy, University of Gothenburg; 2011.
9. New Era. Norplant acceptance and use patterns in Nepal. Submitted to Engender Health. 2003. [Cited 2015 July 1]. Available from https://openlibrary.org/books/OL3717230M/Norplant_acceptance_use_patterns_inNepal.
10. INFO. When Contraceptives Change Monthly Bleeding; how family planning providers can help clients. *Population Reports* 1993. [Cited 2015 Feb 1]. Available from <http://www.info.k4health.org/pr/j54/3.shtml>.
11. WHO. Family Planning in Asia and the Pacific Addressing the Challenges: The Status of Family Planning and Reproductive Health in Nepal. Kathmandu: Center for Research on Environment, Health and Population Activities (CREHPA), WHO, SEAR, United Nations Population Fund; 2010.